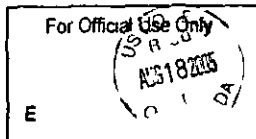


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number U <u>9689</u>	2. Fiscal Year Covered From <u>11</u> / <u>11</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing Name <u>Diana D DeGroot</u> P.O. Box Bldg. Room No. if any _____ Street <u>101 AVENUE OF THE AMERICAS</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10013-1991</u>	4. Name, file number, and address of labor organization Name <u>SEIU LOCAL 328J</u> Labor Organization File Number <u>671661</u> P.O. Box Building and Room Number if any _____ Street <u>101 AVENUE OF THE AMERICAS</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10013-1991</u>
5. Position in labor organization <u>New Rochelle Office Manager</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6. Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P.O. Box Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income _____  7. b. Amount _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Diana D DeGroot

On 8/12/05  
Date

914 637-7000 ext 101  
Telephone Number

Name of Person Filing <u>Diana D DeGroat</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>Service Employees 32BJ North Pension Fund</u></p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street <u>101 Avenue of the Americas</u></p> <p>City <u>New York</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>10013-1991</u></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input checked="" type="checkbox"/> c Employer</p>
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<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> <p>The business is a Taft Hartley benefit Fund that provides benefits to employees under collective bargaining agreements between the union and hundreds of employers in the New York real estate industry. The employers make contributions to the Fund.</p>	<p>11 a Nature of such dealing</p> <p><u>See answer to question 10</u></p> <p>11 b Approximate dollar value of such dealing <u>Do Not Know</u></p> <p>12 a Nature of interest held or income received</p> <p><u>I attended Service Employees 32BJ North Pension Fund Annual Pensioners Luncheon</u></p> <p>12 b Amount <u>\$40.00</u></p>
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<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p>